

In re Application of: Itskovitz-Eldor et al
 Serial No.: 10/536,734
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Examiner: Kim, Taeyoon
 Group Art Unit: 1651
 Attorney Docket: 29601

In the Specification:

Please amend the text on **Page 40, lines 19 and 20 and Page 41, line 2**, as follows:

“Ample guidelines for performing therapeutic transplantation of cell clusters including insulin secreting cells (i.e. pancreatic islets) are available in the literature of the art [for example, refer to guidelines provided by the National Institutes of Diabetes and Digestive and Kidney Diseases (NIDDK; <http://www.niddk.nih.gov>); Titus T. *et al.*, 2000. *Exp. Rev. Mol. Med.* 6 September, <http://www-ermm.cbcu.cam.ac.uk/00001861h.htm>; and Norman DJ. and Turka LA. (eds.), “Primer on Transplantation” 2nd ed. Mt Laurel, NJ, American Society of Transplantation, Malden, Mass, Blackwell Science, 2001]

For administration of the insulin secreting cells, according to standard techniques, a surgeon uses ultrasound to guide placement of a small catheter through the upper abdomen and into the liver of the subject. The insulin secreting cells are then injected through the catheter into the liver. The patient preferably receives a local anesthetic, however if the subject cannot tolerate local anesthesia, the surgeon may use general anesthesia and perform the transplant through a small incision. Typically, for a 70 kilogram subject, a suitable transplant consists of about one million pancreatic islets. It takes some time for the administered cells to attach to new blood vessels and begin releasing insulin, hence following transplantation, the blood glucose levels of the subject are closely monitored and exogenous insulin is administered as needed until glycemic control is achieved [National Institutes of Diabetes and Digestive and Kidney Diseases (NIDDK; <http://www.niddk.nih.gov>)].”